

Foster Family Home - Corrective Action Report

Provider ID: 2-160033

Home Name: Olga Shkredko, CNA

Review ID: 2-160033-3

14-790 Seaview Road

Reviewer: Carol Copeland

Nanawale HI 96778

Begin Date: 3/14/2019

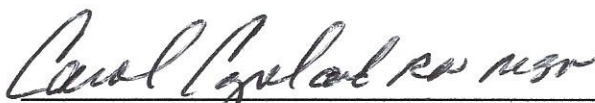
Foster Family Home Required Certificate

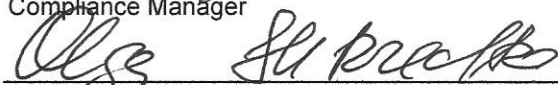
[11-800-6]


6.(d)(1) Comply with all applicable requirements in this chapter; and

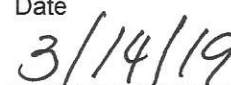
Comment:

6.(d)(1) Home inspection performed to recertify two client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.


Compliance Manager


Primary Care Giver


Date


Date